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for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of taldress) Note: A certificate of mailing can only be used for domestic mailines of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 25006 Certificate of Mailing or Transmission GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. I hereby certify that this Fee(s) Transmittal is being denosited with the United 2701 Troy Center Drive, Suite 330 States Postal Service with sufficient postage for first class mail in an envelope Post Office Box 7021 addressed to the Mail Stop ISSUE FEE address above, or being faesimile Troy, Miehigan 48007-7021 transmitted to the USPTO (571) 273-2885, on the date indicated below. Sheryl Hammer (Depositor's ma Milly Henrich (Signate 100-22-09 (Da APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 10/706.570 11/12/2003 Michael A. Masini MHM-00307/29 6665 TITLE OF INVENTION: INVERTIBLE WOUND DRESSING AND METHOD OF MAKING THE SAME APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE Non-Provisional \$755.00 \$300.00 \$1,055.00 01/19/2010 ves CLASS-SUBCLASS EXAMINER ART UNIT T. R. Patel 602-058 I. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list Gifford, Krass, Sprinkle, Anderson & Address" (37 CFR 1.363). (1) the names of up to 3 registered patent Citkowski, P.C. attorneys or agents OR, alternatively, Change of correspondence address (or Change of (2) the name of a single firm (having as a member Correspondence Address form PTO/SB/122) attached. a registered attorney or agent) and the names of "Fee Address" indication (or "Fee Address" Indication up to 2 registered patent attorneys or agents. If no form PTO/SB/47; Rev 03-02 or more recent) attached. name is listed, no name will be printed. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Comporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): x Issue Fee A check in the amount of the fee(s) is enclosed. x Publication Fee (No small entity discount permitted) Payment by credit card. Advance Order # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1180 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Be (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date October 22, 2009 Authorized Signature Typed or printed name Sohn G. Pos: Registration No. 37,424